

CONCURRENT TREATMENT: EATING & SUBSTANCE USE DISORDERS

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Goal #1

Make the case for concurrent treatment

WEBINAR GOALS

Goal #2

Overview of concurrent treatment at Bellwood

Poll #1 – Who is tuning in today?

Poll #2 – Do you work for a hospital organization, community-based organization, or independent/private practice?

Poll #3 – What area of practice do you work in?

New data...

Demand for mental health support for Ontario adults increased by 47% between 2021-2022





ED & SUD – PREVALENCE & IMPACT

Overall prevalence rates

- Eating Disorders (AN, BN, BED, ARFID, OSFED) • Estimated 1 million Canadians
- Substance Use Disorders

 Estimated 6 million Canadians (lifetime)
 - $_{\odot}$ Estimated 10% of Ontario population have problematic use



Prevalence of ED & SUD combined

22% Prevalence rate of SUD in ED (pooled)

35[%] Prevalence rate of ED among those seeking tx for SUD

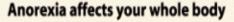
10X Prevalence rate of ED in those with SUD is 10x higher than prevalence of EDs in general population

25-50%

Prevalence of SUD among those seeking treatment for ED

Body system impact of ED

- Medical
- Psychological



Dash line indicates that organ is behind

other main organs.

6.6

Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair hair thins and gets brittle

Heart low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood anemia and other blood problems

Muscles and Joints weak muscles, swollen joints, fractures, osteoporosis

Kidneys kidney stones, kidney failure

Body Fluids low potassium, magnesium, and sodium

Intestines constipation, bloating

Hormones

periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin

bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

Mortality rates in ED

- Highest overall mortality rate of any mental illness
 - Estimated between 10-15%
 - Estimated 10% of those with AN will die within 10 years of disorder onset
- Cardiac disease is leading cause of death in AN
- Suicide is second leading cause of death in AN
 - 20% with AN will attempt in their lifetime
 - 25-35% with BN will attempt in their lifetime
- Mortality rate in females aged 15-24 with AN is 12x > all other causes of death combined



Body system impact of SUD

- Medical
- Psychological

Effects of Prolonged Drug Use

Effects of Prolonged Alcohol Use

BODY

Kidney failure • Liver failure • Gastrointestinal damage •

CARDIOVASCULAR SYSTEM

Long-term heart disease Heart failure Collapsed veins

Infections in blood vessels or heart

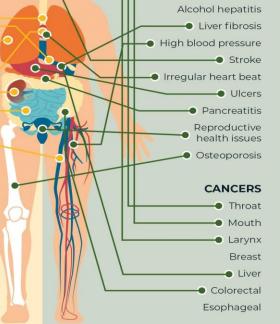
RESPIRATORY SYSTEM

Lung cancer • Emphysema Chronic bronchitis Asthma

BRAIN

Impaired cognitive function Changes in memory Changes in brain connections Dead brain cells Depression Anxiety Paranoia





BRAIN

Diminished brain matter Memory loss Loss of attention span Difficulty learning Dementia (Wernicke-Korsakoff Syndrome) Change in personality

Mortality rates in SUD



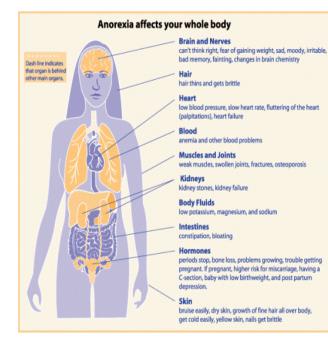
15,000 alcohol related

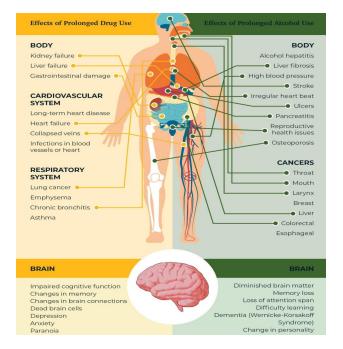
14,700 opioid related



Impact of concurrent ED & SUD

No body system is safe







ED & SUD combined is more lethal than either disorder alone

Mortality rates in concurrent ED & SUD

All-cause mortality rates

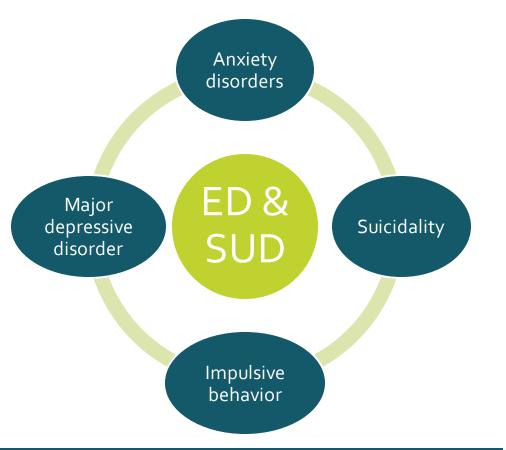
- AN
 - Without SUD 3.21X higher
 - With alcohol use disorder or cannabis use disorder 11.28X higher
 - With hard drug use disorder alone or with alcohol/cannabisuse disorder 22.43X higher
- BN
 - Without SUD similar to controls
 - With alcohol use disorder or cannabis use disorder 5.86X higher
 - With hard drug use disorder alone or with alcohol/cannabis use disorder 11.43X higher
- Unspecified ED
 - Without SUD 4.75X higher
 - With alcohol use disorder or cannabis use disorder 10.86X higher
 - With hard drug use disorder alone or with alcohol/cannabis use disorder 15.53X higher



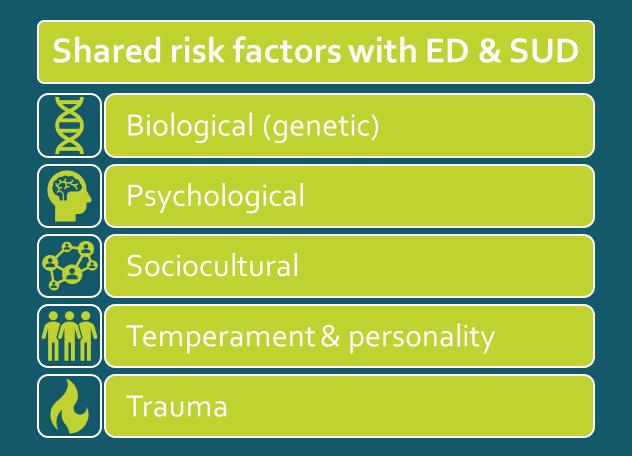
Undiagnosed ED & SUD significantly impact AMA rates

SHARED RISK FACTORS & COMORBIDITIES

Shared comorbidities







Shared relationship in ED & SUD

Temperament/ personality

Emotional avoidance/ dysregulation Maladaptive behavior/ coping



Trauma





CHALLENGES WITH CONCURRENT TREATMENT

Challenges with concurrent treatment – the disorders

- Complex disorders even when not co-occurring
- Additional psychiatric factors often present (depression, anxiety, trauma)
- Chronicity & relapse rates
- High risk medically & psychologically
- Denial & treatment resistance





Challenges with concurrent treatment – the system

- Lack of concurrent programs
- Lack of specialized training opportunities
- Strength of evidence
- Silos in treatment and areas of expertise
- Sequential treatment
- Impact on efficiency and effectiveness of treatment and longterm treatment outcomes





BELLWOOD HEALTH SERVICES

Treatment programs



Clinical team

- Physicians
- Nurse Practitioner
- Psychiatry
- Nurses
- Mental Health & Addictions Support
 Workers
- Physical Health
- Registered Dietitian
- Nutritionist

- Substance Abuse Workers
- Addictions Counsellor
- Social Workers
- Registered Psychotherapists
- Occupational Therapists
- Client Navigator
- Case Coordinator
- Research Coordinator



Treatment programs

Core Program	•7-week treatment •CBT, DBT skills, relapse prevention	
Mood & Anxiety Program	•7-week treatment •CBT, ACT, DBT skills, OT sessions	
Trauma Recovery Program (Core or MAP stream)	•8-week treatment •CPT •Core or MAP content	
Return to Wellness Program	•14-day treatment •Intro to skills groups •Transition to Intensive Outpatient Services	
Comeback Program	•10-day treatment •``Booster" program after a period of stability •Skills enhancement	
Obsessive Compulsive Disorders Program	 Partnership with Sunnybrook Health Sciences Centre Hybrid inpatient and day treatment 	
Eating Disorder Program	•Coming up!	
		AD/

Treatment journey

Preadmission

- Assessment
- Clinical consultation
- Treatment program matching
- Admission plan



Treatment journey

During treatment

- Nursing and medical assessment
- 24/7 medical care + support staff
- Psychiatric assessment (if required + program specific)
- Detox and stabilization (if required)
- Holistic treatment programming
- Post-treatment planning



Holistic treatment programming

- Trauma informed care
- Primary group therapist(s)
- Primary individual therapist
- Nutritional support
- Health teaching and education
- Art therapy
- System navigation



Holistic treatment programming

- Physical health (gym, nature walks, yoga, meditation, team sports, etc.)
- Wellness (acupuncture, massage therapist, chiropractor)
- Self-help groups (AA, GA, NA, Smart)
- Recovery community
- Relapse prevention and post-treatment planning



Treatment journey

Family support

- Family workshop (Bellwood)
- Family process group (EHN)



Treatment journey

After treatment

- Intensive Outpatient Services
- Aftercare
- Thrive Alumni
 Community



ED PROGRAM

The ED team

"Mini team"

- ED psychiatrist
- Psychotherapists
- Registered Dietitian
- Nutritionist
- Mental Health & Addiction Support Workers



The ED program

- Referral self-referral, physician, referent partner
- Pre-admission psychiatric assessment
- 8-week (+) treatment program
- Goal-based care
- Consistent psychiatry support



Concurrent ED treatment

- What does the client need?
 - Concurrent mood or anxiety disorder?
 - Concurrent substance abuse disorder?
 - Concurrent trauma history or PTSD?
 - Concurrent process addiction?
 - Will the client benefit from relapse prevention skills?

In-depth assessment is key to creating a concurrent, goal-based treatment program



Concurrent ED treatment

- Psychotherapy and skill acquisition

 Group therapy
 - DBT, CBT
 - Specialty groups body image, meal planning, process groups
 - Exposure work
 - ${\scriptstyle \circ}\, \text{Individual therapy}$
 - Deeper dive
 - Enhance skills
 - Exposure work
- Family therapy sessions



Concurrent ED treatment

- Symptom interruption
- Symptom monitoring
- Weight stabilization
- Physical health sessions
 - Customized to individual needs



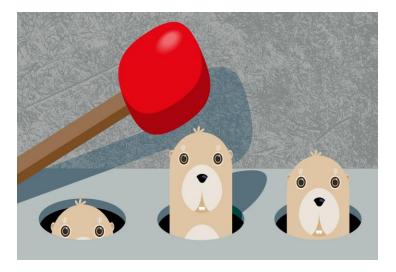
Nutritional rehabilitation

- Nutrition education
- Meal support
- Meal planning
- Exposure work
- Skill translation





KEY MESSAGES



So...why concurrent treatment?

- Continuity of care
- Client experience
- Reduced relapse risk
- Optimal clinical outcomes
- Long-term recovery
- Reduced mortality rate
- Better social and economic outcomes

Key messages

- Screen and assess for both ED and SUD
- Identify treatment opportunities
- Examine silos in practice and bridge gaps
- Invest in training and education
- Advocate for services and programs
- Invest in research
- Need for evidence-based treatment support



It needs to be the chicken AND the egg, not one or the other



QUESTIONS?